

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>m - G</i>		1-4-00
O.I.P.E. CLASSIFIER		10	1-13-00
FORMALITY REVIEW		<i>6447</i>	2-7-10
RESPONSE FORMALITY REVIEW		<i>6447</i>	6-30-10

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	04/02/00
2	✓	✓	04/02/00
3	✓	✓	04/02/00
4	✓	✓	04/02/00
5	✓	✓	04/02/00
6	✓	✓	04/02/00
7	✓	✓	04/02/00
8	✓	✓	04/02/00
9	✓	✓	04/02/00
10	✓	✓	04/02/00
11	✓	✓	04/02/00
12	✓	✓	04/02/00
13	✓	✓	04/02/00
14	✓	✓	04/02/00
15	✓	✓	04/02/00
16	✓	✓	04/02/00
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46	✓	✓	04/02/00
47	✓	✓	04/02/00
48	✓	✓	04/02/00
49	✓	✓	04/02/00
50	✓	✓	04/02/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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